

## Laboratory Report

David Johnson  
NTS  
326 Chestnut St  
Virginia, MN 55792

Report Date: 02/12/2016  
Date Received: 02/05/2016

Project: 10170C Minntac NPDES Data Gaps

Pace Project No.: 1260735

Sample: SW-001		Lab ID: 1260735001		Collected: 02/05/16 10:55		Matrix: Water	
Method	Parameters	Results	Units	Report Limit	Analyzed	Qualifiers	
EPA 200.7	Calcium	43.7	mg/L	2.0	02/09/16 11:57		
EPA 200.7	Magnesium	53.6	mg/L	2.0	02/09/16 11:57		
	Field pH	8.00	Std. Units		02/05/16 10:55		
	Field Temperature	0.0	deg C		02/05/16 10:55		
	Field Specific Conductance	735	umhos/cm		02/05/16 10:55		
SM 2320B	Alkalinity, Bicarbonate (CaCO <sub>3</sub> )	140	mg/L	5.0	02/08/16 13:18		
EPA 300.0	Chloride	58.3	mg/L	1.0	02/08/16 22:44		
EPA 300.0	Sulfate	156	mg/L	2.0	02/08/16 22:44		

Reviewed by:



Heather R Zika

heather.zika@pacelabs.com

### Virginia Minnesota Certification ID's

315 Chestnut Street, Virginia, MN 55792

Alaska Certification #MN01084

Arizona Department of Health Certification #AZ0785

Minnesota Dept of Health Certification #: 027-137-445

North Dakota Certification: # R-203

Wisconsin DNR Certification # : 998027470

WA Department of Ecology Lab ID# C1007

Nevada DNR #MN010842015-1

Oklahoma Department of Environmental Quality



Environmental Science  
& Engineering

Chain of Custody Record

Page: 1 of 1

526 CHESTNUT STREET

VIRGINIA, MINNESOTA 55792

218-741-4290 \* FAX 218-741-4291

COC#:

MO#: 1260735

PH: HRZ

Due Date: 02/19/16

CLIENT: NTS-Dave J

CLIENT NAME, ADDRESS, PHONE#:

US Steel Minntac

Tom Moe - USS Minntac  
Scott Seeley - NTS, 218-742-1028

REPORT TO:

TYPE & # CONTAINERS

Comments:

SAMPLER: EE/13F

PERMIT REQ.: Yes

PROJECT: NPDES Data Gaps Monitoring

MONTH: February 2016

PROJ. NO: 10170C

COLLECTION: MATRIX

LOG-IN

DATE: 2.5.16

TIME: 1:55

LIQ: X

SOL: N

Filtered

SAMPLE #

DESCRIPTION

DATE

TIME

LIQ

SOL

SW-001

Sand River  
Station 701

2.5.16

1:55

X

N

RELINQUISHED BY: [Signature]

DATE: 2.5.16

TIME: 12:45

RECEIVED BY:

DATE:

TIME:

RELINQUISHED BY: [Signature]

DATE: 2.5.16

TIME: 12:45

RECEIVED BY:

DATE:

TIME:

RECEIVED FOR LAB BY: [Signature]

DATE: 2.5.16

TIME: 12:45

RECEIVED BY:

DATE:

TIME:

DATE: 2.5.16

TIME: 12:45


TEMP AT ARRIVAL:

0.5 °C on ice

REPORT DATE: 2 weeks from submittal

ANALYSIS:

Bicarbonates, Cl, SO4, Ca, Mg

	Document Name:	Document Revised: 23Feb2015
	Sample Condition Upon Receipt Form	Page 1 of 1
	Document No.: F-VM-C-001-Rev.0	Issuing Authority: Pace Virginia, Minnesota Quality Office

Sample Condition  
Upon Receipt

Client Name:

Project

NTS

WO#: 1260735

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client  
☐ Commercial ☐ Pace ☐ Other: \_\_\_\_\_

Tracking Number: \_\_\_\_\_

Custody Seal on Cooler/Box Present? ☐ Yes ☒ No      Seals Intact? ☐ Yes ☒ No      Optional: Proj. Due Date: \_\_\_\_\_ Proj. Name: \_\_\_\_\_

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other: \_\_\_\_\_      Temp Blank? ☒ Yes ☐ No

Thermometer Used: ☒ 140792808      Type of Ice: ☒ Wet ☐ Blue ☐ None ☒ Samples on ice, cooling process has begun

Cooler Temp Read °C: 0.2      Cooler Temp Corrected °C: 0.5      Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA  
Temp should be above freezing to 6°C      Correction Factor: 0.3      Date and Initials of Person Examining Contents: 2-5-16 GL

Comments:

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: WAT		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Comments/Resolution: \_\_\_\_\_

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review: 

Date: 2/5/16

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)